



Virginia Department of
Behavioral Health &
Developmental Services



A GUIDANCE DOCUMENT FOR DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES INCIDENT MANAGEMENT

A Guidance Document for DBHDS Incident Management

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Purpose

The purpose of this guidance document is to establish the standards and guidelines by which the Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing (OL) will govern the design and implementation of the incident management system and reporting process. Incident management and reporting is necessary to protect the health and safety of the individual, mitigate reoccurrence, and to improve overall quality of services and supports. The Incident Management Unit (IMU) will review and triage reportable incidents. The overall goal of the IMU is to improve processes and to ensure the overall safety of all individuals served throughout the Commonwealth.

Office of Licensing

Authority: The Department of Behavioral Health and Developmental Services (DBHDS) is authorized by Chapters 3 (§ [37.2-300](#) et seq.) and 7 (§ [37.2-700](#) et seq.) of Title 37.2 of the Code of Virginia to operate DBHDS hospitals, training centers, and other facilities (state facilities) for the evaluation, treatment, training, or habilitation of individuals with mental health or substance use disorders or developmental disability (a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness). See [§ 37.2-100](#).

Section 37.2-404 of the Code of Virginia authorizes the commissioner to license providers subject to rules and regulations adopted by the State Board of Behavioral Health and Developmental Services. No provider shall establish, maintain, conduct, or operate any service without first receiving a license from the commissioner.

- The Office of Licensing's Licensing Specialist/Investigator conducts announced or unannounced onsite review of all new providers and services to determine compliance with this chapter.
- The Office of Licensing's Licensing Specialist/Investigator conducts unannounced onsite reviews of licensed providers and each service at any time and at least annually to determine compliance with regulations. The annual unannounced onsite reviews are focused on preventing specific risks to individuals, including an evaluation of the physical facilities in which the services are provided.
- The Office of Licensing's Licensing Specialist/Investigator may conduct announced and unannounced onsite reviews at any time as part of the investigations of complaints or incidents to determine if there is a violation of this chapter.

Role/Purpose: The Office of Licensing is the regulatory authority for DBHDS licensed service delivery system through effective oversight. This office provides consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients. The Office of Licensing is the regulatory authority for DBHDS licensed services.

Regulatory Authority

Office of Licensing (OL) regulation **12VAC35-105-160 D.2** states that Level II and Level III serious incidents shall be reported by all providers licensed by Department of Behavioral Health and Developmental Services (DBHDS) OL on the department's web-based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences or risk of harm that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

Applicability

The following procedures apply to all DBHDS employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of the individuals with disabilities receiving services as part of the DBHDS services.

Procedures

The following sections establish procedures and protocols for implementation of the Incident Management Unit (IMU).

INCIDENT REVIEW PROCESS:

IMU meets daily to review incidents that were reported within the last 24-hour period or the last business day in the case of a weekend or holiday.

1. IMU will review the incident to determine whether the incident meets the criteria of a reportable incident (Level II or Level III). If the incident does not meet the criteria of a reportable incident, IMU will contact the provider by phone and provide technical assistance and direct the provider to the [DBHDS OL Guidance for Serious Incident Reporting](#). IMU will then send an email to the provider, notifying them the incident has been triage as a LEVEL I incident and will be removed from CHRIS within 24 hours. If the incident is a duplicate IMU will contact the provider by email and ask for permission to remove the duplicate entries from CHRIS. Upon receiving the email approval notification back from the provider, IMU will remove the duplicate entries.
2. IMU will determine if the incident has sufficient information to be able to triage. The incident presents a clear and complete picture of the incident and the provider's response.
 - a. If the incident does not present a clear and complete picture, IMU will follow up with the provider, provide technical assistance and request for the provider to update the incident with the required information.
 - b. If the incident is clear and complete, IMU will accept the incident and continue in the triage process.
3. IMU will verify whether the incident is a DD death, other death or SIR.
 - a. If the incident is a DD death IMU will record the information and forward to the Special Investigation Unit (SIU).
 - i. The Special Investigation Unit will process the DD death through the SIU process.
 - ii. SIU will notify IMU with the investigation number of the death and IMU will close the incident.
 - b. If the incident is not a DD death, IMU will compare the date of discovery with the date the incident was reported in CHRIS to ensure all providers are reporting in accordance with OL guidelines. OL regulation 12VAC35-46-1070C (children's regulations) or 12VAC35-105-160 D.2 states that Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application but at least the following: the date, place, and circumstances of the serious incident. If the report is not submitted on time, IMU will issue a citation for late reporting.
 - c. IMU will analyze current incident and check previous incidents to determine trends or reoccurrence of incidents. IMU will also check the Human Right side of

- CHRIS to check for potential human rights complaints and/or Abuse/Neglect/Exploitation allegations related to the incident.
- d. IMU will determine the level of a reported incident and triage the incident into the following categories.
 - i. Level II
 - ii. Level III
 - iii. Care Concern (Potential Concern about Provider Assuring Adequacy of Individual Supports and Services)
 - iv. Imminent Danger
 - e. IMU will conduct a desk review of the incident. If the incident meets established triage protocol, IMU will refer the incident for further review to the Licensing Specialist (LS)/Investigator.
 - f. The Licensing Specialist/Investigator is then responsible for reviewing the SIR and making a determination if an investigation is warranted based on protocol. If an investigation is conducted, the LS/Investigator is responsible for notifying the IMU of where in OLIS the investigation is open so that IMU staff can document this in CHRIS system. For example 127-01-001 #25
 - g. IMU will review the incident for severe incident with potential harm to ensure that immediate referral was made to law enforcement, Adult Protective Services (APS), or Child Protection Services (CPS), if there was no referral IMU will notified the licensing specialist/investigator.
 - h. IMU will check incidents to see if they contain documentation of follow up in regards to the individual's health and safety.

INCIDENT MANAGEMENT UNIT ON INCIDENT CORRECTION AND PROVIDER NOTIFICATION:

For incidents which are classified incorrectly or information not entered in correctly the following steps will be taken:

Process:

1. IMU will make two attempts via phone call to contact the provider to make corrections to the incidents. One attempt will be made to the individual who entered the incident and the other call to the Risk/Quality /Supervisor/designee/or CEO if needed.
2. IMU will leave a message after each attempt to contact the provider. If the phone services do not allow messages to be received, IMU will send an email to the provider's CEO/designee to correct the information identified in the CHRIS report.

3. After two attempts, IMU will send an email to notify the provider of what actions need to be taken to correct the incident. Providers must response back to IMU within 24-48 hours.

INCIDENT MANAGEMENT UNIT OFFICE OF HUMAN RIGHTS NOTIFICATION:

The Office of Licensing Incident Management Unit (IMU) will ensure that all human rights related incidents will be forward to the Office of Human Rights (OHR).

Procedure:

1. IMU will triage all incidents.
2. IMU identifies that the incident may be a potential human rights complaint and/or A/N/E allegation.
3. IMU will check CHRIS to determine whether OHR was notified.
4. If yes, no further action is required. IMU can follow any human rights process through CHRIS.
5. If no, IMU should notify, via email, OHR director and Deputy Director who will determine what further action, if any, is needed in accordance with the human rights regulations and AIMs protocol (139). IMU Notifications will include individual's name; provider and SIR CHRIS #.
6. OHR director or Deputy Director will notify IMU that either the incident is 1) not a human rights issue-no action taken or 2) it is a human rights issue-provider notified to start the investigation process.
7. IMU can determine case status through CHRIS.

INCIDENT CLOSURE PROCESS:

The purpose of the Incident Closure Process is to assure the health, safety and welfare of individuals with mental health and developmental disabilities through an active review process. A finding is required prior to closure of an incident.

Key factors include:

Clear and accurate details pertinent to the interaction of person, place, and time to determine root cause and factors that contribute to occurrence.

Adequate and appropriate corrective actions.

Follow- up actions/information (including training as necessary) will be made accessible in a timely manner.

Closing Criteria

The closing of incidents requires the following steps:

1. Complete a thorough review of the incident by IMU in accordance with applicable standards
2. Present relevant facts and findings regarding the incident.
3. IMU shall exercise final discretion to re-open an incident for additional information.
4. Required elements for closing an incident: Provider corrective actions taken or to be taken to address the issues raised by the incident and/or to prevent a recurrence of the incident should be documented in the follow up report and follow up completed.

SUPERVISOR REVIEW OF INCIDENT CLOSURE: As part of ensuring the quality of the closing of issues, that staff are actively working on issues and ensuring appropriate timely closures are occurring; the IMU manager is responsible for reviewing open and closed issues with direct reports.

1. Manager will identify all the open, closed, and past due issue.
2. During monthly supervision with staff, the supervisor will review 10 % of closed issues to review for quality closure, and timeliness.
3. During monthly supervision with staff, the staff person will identify issues that are not resolving satisfactorily, and if the staff person is experiencing barriers. The supervisor will follow up with the Provider to ensure responsiveness, notify the assigned Licensing Specialist.

TRACKING AND TRENDING: IMU is charged with tracking and trending incident and issue data to discover patterns, identify trends for individuals and providers and to inform DBHDS Senior Management of patterns and trends. Trending the data is an essential component of the Incident Management Unit (IMU). The IMU will compile State and Regional specific quarterly and yearly data analysis reports and submit it to the Risk Management Review Committee (RMRC), Regional Quality Committee (RQC), and the Quality Improvement Committee (QIC). The content must include at a minimum

1. The data and information obtained from reporting systems (CHRIS and OneSource) will be aggregated, analyzed and used to identify sources of and contributing factors to risk and/or evaluate existing systems. The data and information will be used to inform providers on potential, actual risk, or person's safety incident.

2. Identify and trend specific incident types that would benefit from a systemic intervention.
3. A quarterly and annual narrative analysis of findings, patterns, areas of concern, and recommended actions for quality improvement.
4. Discuss state-wide and regional corrective actions for improving quality assurance.

Training & Technical Assistance

Training & Technical Assistance primary goals are the transferring of information and knowledge to increase competence, compliance and skills.

TRAINING AND TECHNICAL ASSISTANCE TOOLS:

- Department of Behavioral Health and Developmental Services website
- Guidance Documents
- Webinars
- OL External Memos
- Conferences
- CHRIS – Help Screen

Audit

Incident Management audits improves efficiency of the process by assuring policies and procedures are followed. The auditing process will ensure timely reporting of incidents and review of incidents. The audit will be conducted quarterly based on the review of a sample of incident reports during the time period.

Definitions

1. Care Concern (Potential Concern about Provider Assuring Adequacy of Individual Supports and Services) – Requires intervention to prevent unwanted outcome. Incidents of individuals or providers who meet the following criteria
 - a. Individual Criteria
 - i. 3 or more unplanned medical hospitalizations, ER visits or psychiatric 3 or more unplanned medical hospitalizations, ER visits or psychiatric hospitalizations within ninety (90) days for any reason
 - ii. Multiple (2 or more) unplanned medical hospitalizations or ER visits for the same condition or reason that occur within thirty (30) days.
 - iii. Any combination of 3 or more incidents of any type within 30 days.

- iv. Multiple (2 or more) unplanned hospital visit for a serious incident: falls, choking, bowel obstruction, urinary tract infection, aspiration pneumonia, or dehydration within ninety (90) days.
 - v. Incidents of decubitus ulcers are referred as a Care Concern.
- b. Provider Criteria
 - i. Incidents occurring at a location on a corrective action
 - ii. Reoccurrence of not reporting incidents
- 2. Imminent danger - an immediate threat or harm that could reasonably be expected to cause death or serious physical harm. Requires immediate intervention to prevent unwanted outcome.
- 3. Level II - defined as a serious incident that occurs or originates during the provision of a service or on the premises of the provider that result in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident includes a significant harm or threat to the health or safety of others caused by an individual. Level II serious incidents include: 1. A serious injury; 2. An individual who is missing; 3. An emergency room or urgent care facility visit when not used in lieu of a primary care physician visit; 4. An unplanned psychiatric or unplanned medical hospital admission; 5. Choking incidents that require direct physical intervention by another person; 6. Ingestion of any hazardous material; or 7. A diagnosis of: a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; b. A bowel obstruction; or c. Aspiration pneumonia.
- 4. Level III - serious incident means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in: 1. Any death of an individual; 2. A sexual assault of an individual; 3. A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment; or 4. A suicide attempt by an individual admitted for services that results in a hospital admission.
- 5. Per the regulations, providers will be required to participate in mandatory training/TA in response to Quality Management Review (QMR) and/or Office of Licensing corrective action plans and/or citations reaching a level warranting such action (health, safety, failure to address needs of individuals).